



2024 Annual Player Form

A player must satisfy all entry and eligibility requirements set out in the WTA Official Rulebook (as it may be amended from time to time, the “**Rulebook**”) in order to compete in a WTA tournament.

1. AGREEMENTS OF THE PLAYER

General Obligations

I understand that the WTA is governed and administered by WTA Tour, Inc. (together with its affiliated entities, “**WTA Tour**”). I agree to support the WTA and not to say, post, or do anything that would be damaging to the WTA or WTA Tour. I agree to be bound by and comply with the Rulebook, the WTA Tour By-laws, and the decisions, rulings and actions of the WTA Tour, the WTA Tour Board of Directors (and any authorized committee thereof) and the WTA Tour CEO with respect to all matters within their respective jurisdictions, (collectively, the “**WTA Rules**”) as well as the WTBA’s By-Laws and all applicable laws. I acknowledge that I have had the opportunity to review the Rulebook. I agree to pay or honor any penalty instituted against me for failure to comply with the foregoing and to otherwise perform my obligations under the WTA Rules. I understand that WTA Tour, acting in reliance on this offer to play, will represent that I have agreed to compete in certain tournaments. I understand that I am solely responsible for ensuring my fitness to play WTA sanctioned events.

WTA Commercial Benefits, Promotions and Endorsements

I understand and agree that WTA Tour has exclusive ownership rights to the WTA trademarks and logos and the non-exclusive right to obtain radio and audiovisual (including but not limited to linear and non-linear broadcast, internet-based streaming, and other media) coverage of WTA sanctioned events and the players to promote the WTA. I also understand that WTA Tour has the exclusive right to negotiate and enter into sponsorship, endorsement (including official WTA product and service agreements), licensing, and merchandising agreements, and that it may enter into agreements that obligate me, as a player on the WTA, to provide certain benefits and services to WTA sponsors, as set forth in the Rulebook, or as agreed to by me as an individual player or as a part of a group of players. WTA Tour has the obligation to exercise these rights in the best interests of the WTA. I agree that WTA Tour, WTA tournaments, and WTA partners and sponsors shall have the player group licensing rights set forth in the Rulebook to use my name, image, likeness, signature, voice, and/or biographical information for the purpose of promoting the WTA, including publicity and promotion in connection with



a commercial product, so long as such publicity and promotion of a commercial product is directly related to the publicity and promotion of the WTA or a WTA tournament and does not constitute a direct or implied individual endorsement of any commercial product. I also convey to WTA Tour any media rights I may own in WTA sanctioned events and Grand Slams (subject to their prior approval) in which I participate.

Player Development/Age Eligibility Rule

I understand and agree that players competing in professional tennis tournaments worldwide, including all WTA tournaments, must comply with the Player Development obligations and the Age Eligibility Rule set forth in the Rulebook. If a player is under the age of eighteen (18), her age will affect the number and level of tournaments in which she is eligible to compete.

Personal Information

I understand that, as part of my affiliation with the WTA and the WTA tournaments, WTA Tour collects, processes, stores, and in some cases shares (“**Processes**”), personal information regarding me. I understand that a Privacy Notice that includes detailed information regarding the personal information that is Processed by WTA Tour, the purposes for such Processing, the ways in which my personal information may be shared with third parties, and the length of time my personal information is retained is available to me online on the PlayerZone. I further understand that the Privacy Notice is subject to amendment from time to time and that I will be provided with notification if any material changes are made to the Privacy Notice.

I acknowledge that a Notice of Privacy Practices describing the use of my health information has been provided to me and is available online on the PlayerZone, and that I can request a copy of such notice at any time from WTA Tour. I agree that WTA Tour may Process my health information pursuant to the Notice of Privacy Practices and in accordance with other consents and authorizations I have signed relating to my health information.

Waivers

I understand that there are risks involved in my participation in WTA sanctioned events, including, but not limited to, those associated with weather conditions, playing conditions, equipment, court conditions, the efficacy of on-court treatments, other participants and spectators. I fully assume all risks associated with my participation in WTA sanctioned events. I knowingly, voluntarily, fully, and forever waive any and all claims, demands, losses, or causes of action that I, my heirs or legal representatives



may have against WTA Tour, WTA tournaments, WTA player members, the WTBA, the ITF and any WTA sponsor, and any director, manager, officer, employee, authorized agent or independent contractor of any of the foregoing (collectively, the **“WTA Parties”**): (i) arising out of or related to any personal injury or property damage or loss that is incurred during or as a result of my participation at a WTA sanctioned event, a Grand Slam event, and/or any other event at which WTA ranking points are awarded; and/or (ii) arising in conjunction with any decision, ruling, action or inaction of the WTA Parties with respect to all matters within their respective jurisdictions or areas of operations.

2. ANTI-CORRUPTION CONSENT

I am bound by and will comply with the Tennis Anti-Corruption Program (“**TACP**”), a copy of which is available online at [TACP rules \(itia.tennis\)](https://tia.tennis). I acknowledge that I have had the opportunity to review the TACP and that I understand, accept and agree not to violate any of the provisions therein. I acknowledge that I have a duty to inform my Related Persons (as defined in the TACP) of the provisions of the TACP and to instruct them to comply with the TACP. I accept that I must complete any Tennis Integrity education programs mandated by WTA Tour. The TACP prohibits certain conduct by me and my Related Persons, including, but not limited to, (i) wagering on the outcome or any other aspect of any tennis match, (ii) contriving or attempting to contrive the outcome or any other aspect of any tennis match, (iii) receiving or providing consideration in exchange for Inside Information (as defined in the TACP), (iv) facilitating, encouraging or promoting any other person to wager on the outcome or any other aspect of a tennis match, (v) associating with any Related Person who is serving any period of ineligibility under the TACP or has been convicted or found in criminal, disciplinary or professional proceedings to have engaged in conduct which would have constituted a Corruption Offense (as defined in the TACP) if the TACP had applied to them, and (v) failing to report any knowledge I may have regarding potential violations of the TACP. I acknowledge that I have an obligation to report any approaches that I may receive and any known or suspected offenses by others as soon as possible. I accept that I must cooperate fully with investigations and shall not tamper with or destroy any evidence. I hereby submit to the jurisdiction and authority of the International Tennis Integrity Agency (“**ITIA**”) to manage, administer and enforce the TACP and to the jurisdiction and authority of the ITIA, Anti-Corruption Hearing Officer and the Court of Arbitration for Sport, as applicable, to determine charges brought under the TACP. I acknowledge that the TACP contains an agreement to arbitrate disputes in accordance with the process described in the TACP and I am bound by the TACP until the earlier of (i) the date of my valid retirement in accordance with the requirements of the TADP (defined below) or (ii)



two years after the last Event (as defined in the TACP) in which I enter or participate, unless, at either such time, (a) I am subject to a period of ineligibility under either the TACP or TADP (in which case I will cease to be bound by the TADP upon the conclusion of my period of ineligibility) or (b) I am aware that I am the subject of an investigation by the ITIA or law enforcement (in which case I will cease to be bound by the TACP when such investigation is closed, or after 10 years, whichever is earlier). Nothing in this paragraph 2 shall modify or limit the full text of the TACP.

3. ANTI-DOPING CONSENT

I am bound by and will comply with the Tennis Anti-Doping Programme (“**TADP**”), a copy of which is available online at [TADP rules \(itia.tennis\)](https://itia.tennis). I acknowledge that I have had the opportunity to review the TADP and that I understand that the TADP will govern my participation in WTA sanctioned events (together with the WTA Rules and the TACP, each of them applying concurrently and without prejudice to the other) as well as in other Covered Events as defined in the TADP. Anti-doping testing may be conducted In-Competition and Out-of-Competition as set out in the TADP, and WTA Tour will honor and enforce any penalties or sanctions, and/or other measures taken against me under the TADP, including in relation to Provisional Suspensions (as defined in the TADP). I hereby submit to the jurisdiction and authority of the ITIA to manage, administer, and enforce the TADP on behalf of the ITF and to the jurisdiction and authority of the ITIA, Independent Anti-Doping Tribunal and the Court of Arbitration for Sport, as applicable, to determine any charges brought under the TADP. I also hereby consent to the ITIA (i) releasing to WTA Tour details of any alleged Whereabouts Failures (i.e. Missed Tests and/or Filing Failures) on my part, as well as notice of any charges brought against me under the TADP, and (ii) keeping WTA Tour informed thereafter of the progress of such alleged Whereabouts Failures/charges in accordance with the TADP.

4. MEDICAL TREATMENT AUTHORIZATION AND CONSENT - PLAYER

In the event that I am in medical distress or in need of medical care, or if any other type of emergency arises involving my physical or mental health and wellness, whether on-site or off-site during a tournament or otherwise, I hereby give the representative(s) of the WTA Performance Health Department (“**Performance Health**”), which includes Sport Sciences & Medicine and Mental Health & Performance, as well as any official tournament physician or authorized medical personnel (collectively, “**Authorized Persons**”), full permission and authority to take such steps as are medically reasonably necessary to protect and assist me in person or via telehealth. If I am unable to communicate during



such medical emergency, I also grant permission for Authorized Persons to contact the individual(s) I have provided as my Emergency Contact(s). I agree to pay any hospital expenses, physician bills, and other expenses incurred as a result of any such medical emergency.

In nonemergency situations, I hereby give Authorized Persons full permission and authority to administer and arrange treatment as needed, including, but not limited to, athletic training treatments, medical care, physical therapy, mental health and wellness services, administration of over-the-counter-medications, and telehealth.

I understand that each player is required to undergo a mandatory physical examination, and I authorize the representative(s) of Performance Health and a designated physician to conduct my mandatory physical examination.

I understand and agree that I assume all risks associated with medical care provided under this paragraph, and I waive any claim that I might make against WTA Tour or Authorized Persons for any injury arising out of or relating to the provision of medical care, and I release WTA Tour and Authorized Persons from liability for any and all such injuries.

5. MEDICAL TREATMENT AUTHORIZATION AND CONSENT – PARENT(S) OR LEGAL GUARDIAN(S) IF PLAYER UNDER 18 YEARS OF AGE

In the event that the minor is in medical distress or in need of medical care, or if any emergency arises, whether on-site or off-site during a tournament or otherwise, involving the minor player's physical or mental health and wellness, I hereby give **Authorized Persons** full permission and authority to take such steps as are medically reasonably necessary to protect and assist the minor player in person or via telehealth. If the minor is unable to communicate during such medical emergency, I also grant permission for Authorized Persons to contact me, and if I am not available, to contact the individual(s) I have provided as the minor's alternate Emergency Contact(s). I agree to pay any hospital expenses, physician bills, and other expenses incurred as a result of any such medical emergency.

In nonemergency situations, I hereby give Authorized Representatives full permission and authority to administer and arrange treatment as needed to the minor player, including, but not limited to, athletic training treatments, medical care, physical therapy, mental health and wellness services, administration of over-the-counter-medications, and telehealth.



I understand and agree that I assume all risks associated with medical care provided under this paragraph, and I waive any claim that I might make against WTA Tour or Authorized Persons for any injury arising out of or relating to the provision of medical care, and I release WTA Tour and Authorized Persons from liability for any and all such injuries.

PLAYER

I, the undersigned _____ have read, understand, consent, and agree to be bound by the above Sections 1-4.

(Signature):_____ DATE:_____

PARENT/LEGAL GUARDIAN (IF APPLICABLE)

I, the undersigned _____, as Parent/Legal Guardian of _____ (player), (i) represent and agree that I have read and fully understand the above Sections 1-5 and have explained to my minor child/ward the risks of participation, her responsibilities for adhering to the WTA Rules, TACP, and TADP, and that my child/ward understands the above Sections 1-5, and (ii) consent and agree on behalf of myself and my minor child/ward to be bound by the above Sections 1-5.

(Signature):_____ DATE:_____



I understand and agree that I assume all risks associated with medical care provided under this paragraph, and I waive any claim that I might make against WTA Tour or Authorized Persons for any injury arising out of or relating to the provision of medical care, and I release WTA Tour and Authorized Persons from liability for any and all such injuries.

PLAYER

I, the undersigned LESIIA TSLARENKO have read, understand, consent, and agree to be bound by the above Sections 1-4.

(Signature)  DATE 31/12/23

PARENT/LEGAL GUARDIAN (IF APPLICABLE)

I, the undersigned _____ as Parent/Legal Guardian of _____ (player), (i) represent and agree that I have read and fully understand the above Sections 1-5 and have explained to my minor child/ward the risks of participation, her responsibilities for adhering to the WTA Rules, TACP, and TADP, and that my child/ward understands the above Sections 1-5, and (ii) consent and agree on behalf of myself and my minor child/ward to be bound by the above Sections 1-5.

(Signature): _____ DATE: _____